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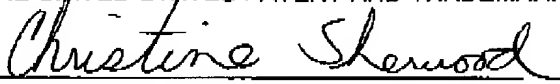
Art Unit: 3738

Examiner: Urmi Chattopadhyay

Phone: (703) 308-8510

From: Mark Garscia
Reg No. 31,953Re: Application No. 09/775,677
Filed February 5, 2001
Entitled METHOD AND DEVICE FOR TREATMENT OF MITRAL
INSUFFICIENCY

File: ECV 5697CIP 49988/MEG/E303

I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO
THE UNITED STATES PATENT AND TRADEMARK OFFICE ON September 2, 2004.
Christine Sherwood*Correspondence: Amendment Transmittal Letter and Amendment After
Final ActionFor Office Services Use Only
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350 West Colorado Boulevard
Post Office Box 7068
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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on September 2, 2004.

Christine Sherwood
Christine Sherwood

Applicant : Jan Otto Solem, et al.
Application No. : 09/775,677
Filed : February 5, 2001
Title : METHOD AND DEVICE FOR TREATMENT OF MITRAL INSUFFICIENCY

Grp./Div. : 3738
Examiner : Urmi Chattopadhyay

Docket No. : ECV 5697CIP 49988/MEG/E303

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Post Office Box 7068
Pasadena, CA 91109-7068
September 2, 2004

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entity Rate	Large Entity Rate	FEE
Total Claims Fee	19	*74	0	x \$9.00	x \$18.00	0
Independent Claims	4	** 13	0	x \$43.00	x \$86.00	0
Multiple Dependent Claims ***				\$145.00	\$290.00	
TOTAL FILING FEE						0
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 14, 22, 38 and 40						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

Attached is our check for \$ to pay the fees calculated above.

A Petition for Extension of Time and the required fee are enclosed.

Other enclosures:

Amendment Transmittal Letter
Application No. 09/775,677

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE, PARKER & HALE, LLP

By Mark Garcia
Mark Garcia
Reg. No. 31,953
626/795-9900


MEG/cks

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PATENT
RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 3738

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Christine Sherwood

Appl No. : 09/775,677 Confirmation No. 3473
Applicant : Jan Otto Solem, et al.
Filed : February 5, 2001
Title : METHOD AND DEVICE FOR TREATMENT OF MITRAL
INSUFFICIENCY
TC/A.U. : 3738
Examiner : Urmi Chattopadhyay
Docket No. : ECV 5697CIP/49988/MEG/E303
Customer No. : 30452

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AMENDMENT AFTER FINAL ACTION

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Commissioner for Patents Post Office Box 7068
P.O. Box 1450 Pasadena, CA 91109-7068
Alexandria, VA 22313-1450 September 2, 2004
Commissioner:

In response to the Office action of June 29, 2004, please amend the above-identified application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this paper.

Remarks/Arguments begin on page 9 of this paper.